

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU
PREVENTION AND EARLY INTERVENTION ADMINISTRATION

Provider Request to Add/Drop PEI Practice

Agency: [Click here to enter agency name.](#)

LE Number: _____ Provider Number(s): [Click here to enter PN\(s\).](#)

Contact Name: [Click here to enter contact person regarding this form.](#)

Phone Number: [Click here.](#) E-mail: [Click here to enter e-mail.](#)

Providers requesting to add or drop a Practice must complete this add/drop form (including cases of updating information in the Provider PEI Practice List).

INSTRUCTIONS:

1. Fill out the table below by selecting the Practice and the requested action from the drop-down lists. For Practices to be added, mark the check boxes for the age group(s) to be served, and if outcome measure and/or outcome measure trainings are needed.
2. Complete the Add/Drop form Attachment to identify the clinicians who were trained or currently in-training for the Practice to be added. There must be one Attachment for every Practice to be added for every Provider Number listed above.
3. All completed forms and attachments must be forwarded to the lead District Chief for approval and signature. The District Chief's analyst (staff) will e-mail the approved documents to PEI Administration at mhsapei@dmh.lacounty.gov.

PEI Practice	Action	Age Group to be Served	Outcome Measure
Click here to select a Practice.	Choose an Action.	Child (0-15 y/o) TAY (16-25 y/o) Adult (26-59 y/o) Older Adult (60+ y/o)	Need outcome measure Need training in the measure
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*DBT and PE-PTSD are currently applicable to DMH directly-operated clinics only.

Approve the Request: Yes No

Lead District Chief: [Click here to enter district chief.](#)

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Signature: _____ Date: _____